

**TEXAS DEPARTMENT OF STATE HEALTH SERVICES
OFFENDER EDUCATION
TYTAP MONTHLY REPORT**

Instructor's Name: _____

Certification Number: _____

Class Information

Dates:	Session 1	Session 2	Session 3	Session 4
	_____	_____	_____	_____

Class Location (County) : _____

Students Enrolled : _____ **# Students Completed :** _____

Dates:	Session 1	Session 2	Session 3	Session 4
	_____	_____	_____	_____

Class Location (County) : _____

Students Enrolled : _____ **# Students Completed :** _____

Dates:	Session 1	Session 2	Session 3	Session 4
	_____	_____	_____	_____

Class Location (County) : _____

Students Enrolled : _____ **# Students Completed :** _____

Projected classes for the next two months:

Submit: via email to: Tytap@dshs.state.tx.us or....

via fax to: 512-834-6789 or....

via US mail to: TYTAP - AJ Mitchell
Texas Department of State Health Services
PO Box 149347, MC 1982
Austin, TX 78714-9347